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A LECTURE ON DISEASES OF THE CHEST.

Delivered by J. A. Swett, M.D., at the New York Hospital, March 11th, 1846.

The Doctor commenced his lecture to-day, by recapitulating some of the leading characteristics of the physical signs on which he spoke yesterday, and after some remarks on the vesicular murmur, and its various changes, and the importance to be attached to it, he went on to say, as to the supplementary action of the lungs, in the earlier periods of pleurisy, the respiratory murmur is loud over those portions of the chest that remain healthy, while the sound of respiration is *feeble* over the seat of the effusion. When a large pledget of mucus enters a large bronchial tube, it also becomes very feeble, or ceases entirely, in that portion of lung supplied by that bronchus. This loudness or feebleness, however, is principally valuable as a diagnostic, according as it exists in a circumscribed portion of the lung; and this is another proof how important it is, to constantly compare the sounds on the opposite sides of the chest, in order to arrive at a correct diagnosis. These changes to loudness, or feebleness, or the entire want of a vesicular murmur, however, are all merely changes in degree from the standard of the natural murmur; there are some other changes, which are changes in kind, equally important.

One of the leading characteristics of this murmur, is the idea of softness and expansion, which is uniformly observed in it; in certain cases there is a peculiar *harshness* associated with it; in some cases this is to be heard very distinctly, and it is one of the first and the simplest of all changes that take place in the vesicular murmur, and is indicative of very slight disease; this change is most marked in the early stage of tubercles, where they exist of a size, and in number, just sufficient to impede the free expansion of the vesicles.

Again, in other cases in connection with this harsh respiration, we find it is *jerky* as it is called; thus, in healthy respiration, the expansive murmur falls equally upon the ear, but in certain cases of incipient disease it comes by jerks, stopping for a moment, and then coming again. This state also belongs to the early period of tubercles, and is also owing to an impeded expansion of the vesicles.

Again, in other cases, we find these three conditions united, viz., the *feeble*, *harsh*, and *jerky*; the reason of this combination can be easily explained, for the air, on its passage into the vesicles, expands them fully, equally, and uniformly, if there is no obstacle to prevent it: but supposing tubercles to exist on the outside of them and filling up the interspaces between them, it at once will strike you, that the sound produced must be feeble, because the air enters into them fully—harsh, because expansion is prevented—and jerky, from a want of uniformity in the expansion.

Again, in other cases of incipient disease, where the compression and consolidation of the lungs is circumscribed and trifling, you will find a *prolonged expiration*, something entirely distinct from the expiration in the healthy chest, where it is quite short, but in certain states it becomes equally as long as the inspiration; this arises from the lung being in a condensed state, and thus the expiration of the bronchial tubes, which, in health, is overcome by the vesicular murmur, now becomes heard. This prolonged respiration is one of the peculiarities of the bronchial respiration; of which it may be regarded as the first stage.

Again, in the second stage of pneumonia, where the vesicles are completely blocked up, we have the bronchial respiration heard in full perfection; this is heard more particularly in the larger tubes, the smaller ones being obliterated, as they have not the cartilaginous tubes to defend them that the large ones have. Bronchial respiration has no analogy whatever with the vesicular murmur; it is a dry, harsh, blowing sound, like that produced by blowing through a quill; the expiration is as loud and distinct as the inspiration, and is heard during both these acts, when the vesicular murmur is overcome. This prolonged expiration, and bronchial respiration, are both degrees of the same thing. In the prolonged expiration, as it is technically called, the vesicular murmur is not necessarily materially impaired, only the expiration is longer and more distinct—the slight indication of the bronchial respiration. At the summit of the right lung, under the clavicle, and behind in the supra-scapular space, this prolonged form of expiration exists even during the healthy state; the reason of this, as of other peculiarities in this spot, are anatomical, and I explained them in a former lecture.

Again, we have another modification of respiration, viz., the *cavernous*, as heard in cavities of the chest, such as tubercular ones; but in order that this sound may be perfectly heard, the cavity must lie superficially, it must have vibratory walls, and must have a pretty free connection with the bronchial tubes; if it does not, or if it is filled up with pus, or is deeply situated and covered by other portions of the lung, no cavernous sound can be elicited; but if it is in all these respects favorably situated, then you will have a peculiar modification of sound, called the cavernous respiration, though it is but an exaggeration of the bronchial sounds after all, and is varied in proportion to the size of the cavity. It is generally much less distinct than the bronchial respiration, and not so easily recognized.

In certain cases, where the cavity is very large and superficial, the sound becomes what is called *amphoric;* this resembles the sound produced by blowing into an empty bottle, and has a peculiar metallic character. It exists in large cavities, the external side of which adheres closely to the walls of the chest, but is most marked in cases of pneumothorax, where there is a communication between the bronchial tubes and the cavity of the pleura, which thus resound when inspiration takes place ; all of these varieties, however, viz., the prolonged, the bronchial, the cavernous, and the amphoric, are but degrees of one another, and in certain cases it is very difficult to distinguish them. I have seen cases, where the most practised auscultators failed to do so ; for a large bronchial tube may simulate a cavernous sound, and a cavity may give out quite a doubtful metallic sound.

We now come to the phenomena connected with the VOICE. The voice originating in the larynx, as is well known, resounds over the whole chest ; its vibrations are even communicated to the hand, when placed on the chest. But this vibration is not the same under all circumstances ; in ordinary cases, a confused inarticulate buzzing sound only is to be heard on applying the ear to the chest. In some parts of the chest, though, this is not so ; for instance, if you apply your ear over the root of the lung, the resonance of the voice will be loud and distinct ; and if you apply it over the larynx, you will distinctly hear what the patient says, better, perhaps, than in the ordinary way. The difference in the degree of resonance in different parts, depends upon the bronchial tubes ; where they are large and superficial, there it is always more loud and distinct. There is, also, always more resonance at the summit of the right lung than at that of the left ; this is explained on the same principle that the peculiar prolongation of expiration, &c., in the same locality, has been explained.

Again, other circumstances assist to modify the sound of the voice ; thus, the resonance is generally much greater when the person speaks in a masculine tone, than in women who generally speak in a high key ; speaking in falsetto quite annihilates it. These sounds all originate in the larynx, and are transmitted ; they do not originate in the precise spot where they are heard, but are transmitted there through the channel of the bronchial tubes, and this transmission, of course, depends on the readiness with which the tubes perform it, and, of course, many variations must thus take place. In fact, they are so numerous, that this cause alone has led many auscultators to place but little confidence in the resonance of the voice, as a guide to form a diagnosis, except when it is made use of in comparing opposite sides, then it may be made available.

We find in many cases of disease, a great increase in the resonance of the voice, and this is denominated *bronchophony.* Wherever there exists an increased bronchial respiration, there you will find an increased resonance of the voice ; especially, when the larger tubes are not obliterated, and the surrounding portions of the lungs have become condensed so as to be good conductors of sound, in fact, better than natural, as in the second stage of pneumonia.

Again, if you apply your ear or an instrument over the larynx, there will be heard a strong resonance ; it, indeed, will sound as if the person were speaking in your ear. This is denominated *pectoriloquy*. Still, sometimes, where cavities exist in the vicinity, this sound is not to be heard; indeed, bronchophony and pectoriloquy both are but exaggerated forms of the natural tone of the voice, and in certain cases you will have much doubt as to whether they exist, and there will be much difficulty in making out a diagnosis.

There is another modification of these sounds, that I will here notice, which is *egophony;* this is, however, a difference in kind, not in degree. This occurs, principally, in cases of effusion into the cavity of the pleura, and is very similar to the bleating of a goat; it can only exist where there is some slight degree of fluid, where the vesicles are compressed, and the bronchial tubes are not obliterated, but merely flattened; thus, their vibrations are transmitted through fluid which renders them more sharp and tremulous. Egophony is found in pleurisy and hydrothorax, and, as already stated, is not a difference in the degree of the former sounds, but in their character. In other cases, again, instead of being silvery and sharp, it is much louder and more striking, resembling the sound of a trumpet sometimes, and again the sound that is made by the peculiar personage, so well known in Europe, but comparatively unknown here, called Punch. Sometimes it can be imitated by blowing through a split reed; it partakes, to a certain extent, of the character of bronchophony, but is distinguished by its sharpness, and exists where the pulmonary tissue has been condensed by deposits in the lung itself. Laennec named it broncho-egophony.

We will now speak of the various RATTLES. In almost all cases of irritation or inflammation, with increased secretion, there is a tendency to the production of air bubbles in the air passages, and according to the different viscidity of this secretion and precise seat of the air bubbles that are generated, we have different rattles, which are produced by the bursting of these bubbles in the lungs. They are very important in some cases; the rattles, from their fineness and abundance, occur only in the air vesicles, and it is easy to see why they are heard only during inspiration. The sound is not heard during expiration, as the bubble having been already burst by the inspiration, the expiratory act is not sufficiently strong to blow it up again, but it remains quiescent until another inspiration takes place. Sometimes it so happens, that the rattle is only heard at the very end of inspiration, and sometimes only when a peculiarly forcible one is made; thus, when you recollect that there are hundreds of vesicles in the lungs, which may be filled with viscid mucus, and remember that the air enters into all of them, at the same time blowing this mucus into bubbles, which all burst together, you can imagine them giving rise to a species of fine abundant explosion, heard only during inspiration. This is the crepitant rattle. The secretion of mucus in the bronchial tubes is less viscid than it is in the air vesicles, and unequally so. And this physical inequality gives rise to a fact, in the bronchial form, that does not exist in the *crepitant* or vascular form. There the viscidity is equal, in the bronchial tubes it is not so—here the bubbles are not all of an equal size.

The different sizes of bubbles, giving equally different sounds, is the leading fact in the *bronchial* or *mucous* rattle. This rattle also is heard during both expiration and inspiration, thus again differing from the crepitant form; the air here entering into the mucus of the bronchi, blows up the bubbles and they burst; it then passes on to the extreme end of the vesicles, and, as on its return it has acquired a certain degree of headway or velocity, it has sufficient force to generate another bubble, which is again burst. This explanation is supported by the fact, that the bronchial tubes through which the air must enter, are much larger and nearer the trachea than the extreme vesicles; thus the leading character of the mucous rattle is the difference in the size of the bubbles, and its being heard both during expiration and inspiration.

A better name for the crepitant form, perhaps, would be the vesicular form. The mucus rattle has also been denominated the bronchial rattle; the terms are synonimous. The crepitant rattle can be perfectly imitated by blowing up a dry bladder, and the crackling noise it makes is the one in question; or by rubbing your hair near the ear; or the noise produced by throwing salt on the fire. The mucous rattle can be perfectly imitated by blowing up soap bubbles. Again, the mucous rattle is sometimes so abundant as to resemble the boiling of a pot, and sometimes an exaggerated gurgling sound exists in cavities, from the air continually entering.

Another rattle, is the *metallic;* this is not often heard, but it sometimes occurs in large cavities, and connected with the amphoric respiration.

Again, it occurs in cases of pneumo-thorax; this sounds something like the tinkling of a small bell, or the dropping of fine shot on some metallic substance. I class this modification of it among the rattles, because it is produced by the bursting of bubbles in large cavities, and is connected with cavernous and amphoric respiration.

We now come to the RONCHI, which are dry and sound, and produced by an entirely different mechanism from the rattles; the *sonorous* and the *sibilant* are first to be considered. The first is like the cooing of a dove, or the low notes of a bass viol; the second resembles the chirping of a bird, or a whistle. Both of these are different degrees of the same thing, only they are produced by different sized tubes, which have become partially obstructed from some cause or another; as the rings of the bronchial tubes are in part muscular, a spasmodic contraction of them may produce it; a pledget of mucus may get lodged in them, or tumors externally may press on them, or their coats become hypertrophied, &c. The diminution of the calibre of these tubes is the main cause of the sibilant or sonorous ronchus, and either is produced according to the size of the tube; the sonorous in the larger, the sibilant in the smaller. Of course, if the obstruction is only temporary, the natural cough that is induced, or other causes, will remove it; if it is permanent, the ronchus will likewise remain permanent.

Again, there are certain *rubbing* sounds, which are generally connected with pleurisy or tubercles; thus, in pleurisy, where there is no liquid effusion, and the opposite surfaces covered by coagulable lymph come together, the sound of friction is elicited; but if the false membranes are recent, and the movements of the chest slight, there is but little sound, and in different states the sound varies from a soft to a harsh-grating one, so that sometimes it can even be heard by the patient himself.

Again, there can sometimes be heard a *crackling* sound at the summit of the lung, during inspiration; this is one of the earliest and best symptoms of tubercles, and arises from a rigid state of the vesicles giving rise to this crackling during inspiration. This sound, however, is usually feeble, and it requires very close attention to discover it; it was long entirely overlooked, though it is a most important means of diagnosing the early stage of tubercles.

Again, when, for instance, the upper half of the cavity of the pleura is filled with air, and the lower with serum, and there exists a rupture to the cavity of the pleura from the lung, such as constitutes hydro-pneumothorax, if you apply your ear and shake your patient you will hear the serum resounding as water does in a half empty barrel, when it is shaken; this is what is called Hippocratic succussion. This fact was perfectly understood by Hippocrates, and it is really wonderful that he and his successors took no more advantage of this mode of examination. Many, indeed, since his time, have made use of these various modes of obtaintaining a diagnosis, but none ever gave any practical results from it, until the time of Laennec.—*N. Y. Medical and Surgical Reporter*.

CASE OF TRAUMATIC TETANUS IN WHICH ICE WAS BENEFICIALLY APPLIED TO THE SPINE.

By John B. McGirr, M.D., Blair Co. Penn.

Miss Margaret C——, aged 20, of plethoric habit, applied on the 28th of January to a dentist to have a tooth extracted—a second molar, in the lower jaw, on the right side. The dentist broke the tooth; and after several ineffectual efforts to remove the stump, applied some caustic to destroy the nerve (supposed to be nitric acid), and sent her home.

On Monday night, February 2d, at 9 o'clock, five days after the tooth was broken, tetanus came on. She had suffered excessive pain in the jaw, day and night, from the time the caustic was applied. Being summoned immediately after the first spasm, I was, from indisposition, unable to attend, and another physician was called in. As the case grew rapidly worse, the friends fearing a fatal termination, requested me to take charge of it, which I did on Wednesday morning. I found her in the following condition.

From one to four spasms occurring every hour. At 2 o'clock, P. M., the worst occurred; and from that time until the turn of the night they were very frequent and severe. The jaws were tightly locked; opisthotonos was severe; and there was pain and retraction at the epigastrium, returning every twenty or twenty-five minutes, followed by excessively violent paroxysms—three generally succeeding each other within a minute's time. The temporal and masseter muscles were the seat of very great pain. The head was thrown back, and every muscle was in a state of rigid contraction. She answered, by signs, that there were severe pains shooting from the sternum to the spine. Swallowing was performed with the greatest difficulty; and twice to-day the very effort produced spasms. The belly was very hard and painful on being pressed; and when pressed upon, muscular twitchings agitated the entire body. These twitchings were constantly present between the spasms, and the muscles of the entire body were affected during the paroxysms. The muscles of the head, neck, throat, chest, extremities, hands and fingers were painfully contracted. The eyelids were drawn down tightly over the eyes; the patient could not move them; and when I raised them, which I found it difficult to do, the eyes were turned up, insensible to light, and the pupils largely dilated. The countenance was so much distorted, that I would not have recognized her as one with whom I was well acquainted. The pulse was wiry and beating 130. There was suppression of urine for 24 hours.

I ordered a blister to be applied from the temple to the symphysis of the inferior maxillary bone (to be dressed with morphia and mercurial ointment, and a warm poultice over the dressings; and bags of ice to the whole tract of the spine. When the ice was applied, a spasm immediately occurred, and it was removed; but when the patient recovered her consciousness (which always returned between the spasms), she made her attendants understand that she wished the ice replaced, which was done. One grain of morphia was ordered every hour, until stertorous breathing was induced, and perfect quiet enjoined.

Feb. 5th, 9 o'clock, A. M.—The most part of last night was passed badly—the spasms occurring every two hours, until four o'clock this morning, when an intermission occurred, and the sufferer fell into a quiet slumber which lasted four hours. She awoke without a spasm, motioned for a drink—which was given to her, and swallowed with much less difficulty than yesterday. The bowels were freely moved by a purgative. The eyes and eyelids were immovable. The pulse 80, and full; and the skin moist. Suppression of urine relieved.

2, P. M.—Has had three spasms since morning; and while I was in the house she vomited about a teacupful of a dark green matter. The vomiting was followed by three spasms in succession. Morphia resumed.

8, P. M.—No spasm since last visit. She had three while I was in the house. The pulse small and corded; breathing oppressed. Ordered morphia in small doses, and wine freely. Fearing too great exhaustion, the ice was removed from the spine, and the most perfect rest enjoined, as the running of a waggon on the road above the house produced a spasm.

6th. 7, A. M.—Spent the early part of last night without a spasm; the latter was passed rather restlessly, and with two spasms, which were much lighter than usual. Vomited once, which was followed by a spasm. She was sleeping when I saw her; the breathing stertorous; pulse 85, and full; the jaws are open about a quarter of an inch, and slightly moveable. Ordered a blister to the spine, in consequence of some remaining pain, to be dressed with mercurial ointment, and a warm poultice over the dressings; the morphia to be resumed after the stertorous breathing passes off, in doses of a quarter of a grain every two hours.

1, P. M.—No spasm since morning; has slept soundly. At 2 o'clock, before I left the house, she had three slight spasms. Morphia continued, with two drops of croton oil, to be repeated if necessary. Vomited after taking the oil, which was then repeated, dose two drops. The vomiting produced no spasms. Feels a tingling sensation passing up from the extremities.

6, P. M.—Has opened her eyes and spoken for the first time since her attack. The jaws are relaxed and moveable. The blister drew well. Complains still of pain shooting from the sternum to the spine. She says that, " until the ice was applied, this pain was terrible." Is hungry; has eaten some cracker grated in chocolate; has used wine, beef-tea, and arrow-root jelly, to support her strength. No muscular twitchings. She breathes and swallows easily; says her heart jumps a good deal yet. Her eyes are open, but she cannot see. Morphia in small doses until sleep is induced.

7th. 8, A. M.—Rested well last night until 1 o'clock, when she had slight spasm; moving her to the bed-pan produced two others. She speaks distinctly. The jaws are relaxed; the eyes open, but she can see nothing. Pulse weak. Ordered wine freely; and as the bowels had not yet been moved, one drop of croton oil was given. Complains of pain in the jaws; a few doses of morphia ordered, quarter of a grain each.

4, P. M.—Escaped the 2 o'clock spasm to-day for the first time. Slept from the morning visit. The bowels not yet moved. Ordered, of a mixture consisting of equal parts of the spt. turpentine and castor oil, two tablespoonfuls in a cup of starch water, to be given as an injection every hour.

8th.—Has had but one spasm since yesterday at 4 o'clock, and that was produced by giving an injection. Three injections were given, by which two copious evacuations were procured. The catamenia came on with the alvine evacuations; and it is to be noted, that her regular and healthy menstruation had ceased naturally two days before the tooth was broken. She complains of pain in the temporal and masseter muscles; talks distinctly and lies quietly.

5, P. M.—Had one slight spasm at 1 o'clock. Has been moved without inconvenience. Sleeps well. Can now distinguish light from darkness. The menstrual discharge continues. Morphia to be discontinued, as it sickens; spt. nit. æther to be given freely, and the morphia to be resumed should spasms threaten. Pulse 80 and full; the jaws open; the tongue benumbed; she says it felt very much swollen in the early part of the disease, and that she could always tell when the spasms were approaching by the gradual coming on of numbness of the tongue; and that the numbness would begin at the root, and when it had reached the point, the spasms would attack her.

9th. 10, A. M.—Has had no spasm since yesterday; one very offensive evacuation from the bowels; the menses decreasing. She raved very much last night, but was thrown into a very sound sleep by three teaspoonfuls of laudanum. Has slight pain in the jaws and head; the eyesight improving; pulse good.

I have taken notes up to the 14th of February, but as nothing of any importance occurred, it is unnecessary to continue them in detail. Suffice it to say, that on the 11th the menses stopped; on the same day a quantity of blood and mucus passed from the bowels, after two or three very severe pains, and about an hour's sickness; and on the same day the eyesight was completely restored. On the 12th there was a threatened relapse, in consequence of catching cold; this was easily arrested, and under generous diet, and great care from her nurse, she rapidly convalesced from this time, though months may be required before she recovers her wonted strength and spirits.

Remarks.—There are some things in this case worth noting. The loss of sight was something that I had never read of as occurring in this disease. The spasms, from the first day I saw her, affected the fingers, hands, face, throat, breast, back, abdomen and legs; they were so severe, that four men were required to hold her upon the bed. There was abdominal hardness; severe opisthotonos; and pain from the sternum to the spine. To me, having seen several and always fatal cases of this kind, the action of the ice was perfectly astonishing; it produced almost immediate relaxation of tonic rigidity, and a remission of spasmodic action beyond my most sanguine expectations. Had the ice been applied when the patient was first attacked, I believe she would have been spared a great deal of suffering. She says that when the ice was applied to the spine, it occasioned a delightful feeling of relief, as if an enormous weight was removed from her breast; and that when the spasms came on during the time that the ice was applied, they caused her but trifling pain compared with what she had previously endured.—*Medical Examiner.*

SOME OF THE CAUSES AND SOURCES OF ERROR IN MEDICINE.

[Communicated for the Boston Medical and Surgical Journal.]

As long as human nature remains the same, like causes under like circumstances will produce like effects. Accordingly, the same *causes and sources of error in medicine* that obtain at the present day, prevailed in ancient times, or rather have prevailed in all ages. We shall make it our object, however, in the present essay, using as much brevity as possible, only to take notice of the most prominent and prevalent *causes of error in medicine* at the present day and time; and this we shall do for the purpose of guarding people in general from any mistaken confidence in, or reliance upon, those who are more learned and scientific, and from whom better things might be expected. We may be singular whilst we candidly acknowledge it as our opinion, that the medical practitioner will suffer no real disparagement or disadvantage by always consenting to be received by the public according to his *real merits.* Owing to this belief, we shall devote this essay (though not a long one) to a consideration of some of the *errors* into which the well-educated physician may fall.

I. *The use of improper Language is a Source of Error.*—The progress of medical knowledge has doubtless been aided very much by the use of certain terms and phrases, borrowed from the ancient and modern languages; and particularly from the ancient Latin and Greek, and the modern French and German. But this advantage, however desirable, has often been the source of very great error. But the idea which we wish to urge, in speaking of the use of improper language, is, that physicians themselves, in treating upon subjects that are far from being difficult or obscure, not unfrequently make use of language which is unintelligble to most persons; and whether their own views are correct or incorrect, the consequence is, that people are led into error. On the other hand, when they attempt to treat upon subjects confessedly difficult and obscure, the language they use is alike calculated to confound and mislead the people. We are pleased, however, to recognize but few in the profession, who, in so doing, appear to be actuated by any evil design; whereas, such is *the very language* preferred by the *quack* in order to accomplish his destructive purposes. Nothing is more manifest than that the description of the symptoms of a disease, to be of any great use, should be couched in the plainest and most familiar language, instead of that labored, involved and careless phraseology that we often meet with. The *states of the pulse*, for instance, are often described in the use of language so highly *figurative* as to become a constant source of error. We hear of its being hard and soft, and wiry and corded, and suffocated, and what not. The same remark may also be made concerning a description of the appearances of the tongue and of the various secretions of the human system. But we have little reason to look for anything better in this matter (although we consider the English language susceptible of it) until physicians in general feel it to be their duty to keep a more intelligible and faithful record of the various cases that occur in their practice.

II. *An Improper Regard to the Authority of Professors of Medicine is supposed to be a Source of Error.*—The author of the introduction to the American edition of Gregory's Theory and Practice, whilst treating upon this subject, says—"It is necessary that authority should have weight." This is not denied, but it should be well remembered that the *necessity* he speaks of, always grows out of that truth and matter of fact, that are the basis of all just authority. It is also to be remembered, that the evil complained of, always arises from a tame submission to a mere *say so*, without making a proper inquiry into the truth or fact of what is advanced. There are people, old and young, who are manifestly incapacitated to judge for themselves in matters of importance, and whose fickleness is so proverbial, that we do not wonder at their yielding up their judgments entirely, to those who profess to teach or to guide them. With these persons an over-quantity of pride and vanity, arrogance and self-sufficiency, will invariably pass current, without impairing the authority of the teacher at all; and consequently we must expect that both teacher and hearer will fall into the ditch. Truth never was, and never will be, the natural or genuine offspring of an arrogant, boastful and hasty spirit. And this is one capital reason why quackery has so little truth to boast of.

The evil complained of above is not really so extensive at the present time as some suppose. It is remarked of those young men in general, whose minds are so susceptible of imbibing the peculiar doctrines or dogmas of their professors, and of following them implicitly, that very soon after they have quit the schools and mingled with the world, their tenacity to particular theories and dogmas begins to be gradually weakened, and they uniformly find themselves thrown upon their own observation and upon matters of fact. Not so with the quack. He is never candid, nor is he honest. Instead of submitting to facts, as they occur and operate against his theory, he ingeniously contrives to make every fact bend to his theory.

III. *The adverse and contradictory Opinions of Professors are considered a Source of Error.*—As long as the subject matter in dispute remains undecided, and the disputants are disposed to contradict each other with vehemence, those who ardently espouse either side will most certainly go to an extreme and fall into error. The heat of passion and the force of prejudice, on the part of both teacher and follower, will contribute largely towards confirming and riveting them in the belief of the error. Whatever advantage may arise from contentions of this sort, there is still little doubt but that some very great errors will be the consequence; and nothing but a return to that candor which is essential to a thorough examination of both sides of the question, will be sufficient to retrieve the disputants from the error. But candor is not a virtue peculiar to quacks. The quack disdains to examine both sides of the question. The opinions or principles he embraces at the commencement of his career, seem to be coeval with his existence, and the tenacity he manifests is as universal as it is lasting and wonderful. When by way of alarm or from some other cause, he is induced to give up the practice, he still adheres to his principles.

Fashion, at the present day and in our own country, seems to exercise but a very limited sway over practitioners of any note, and although she may cause some few among us to fall into error, yet she finds that these few soon discover their mistake and retrieve their steps. But the quack sees no danger, and worships the goddess without reserve! Indeed, it is the wish and prayer of every quack, that the nostrums of quackery may become so fashionable and common, as to root out all other means and medicines, and that the profession itself may become so unfashionable and unbecoming as to retire and vanish away.

IV. *Planetary Influence has heretofore been a Source of Error.*—This we should not have mentioned, were it not a fact that some physicians among us are disposed to let their prejudices carry them so far as to reject all planetary influence. Too much has doubtless been conceded heretofore to the influence of the planets, and particularly the moon, and some great men have fallen into the grossest errors; and yet we are fully of the opinion, that the contrary extreme, viz., an entire rejection of all planetary influence, is in like manner a source of considerable error, and indicates, to say the least, a culpable want of astronomical knowledge, or rather a culpable inattention to the causes or sources of atmospheric vicissitudes.

V. *Under this Head we shall barely mention two or three Subjects that are Sources of considerable Error at the present day.*—The manner in which the dispute about malaria is conducted, seems calculated to confirm the disputants in a particular belief in relation to the marsh poison. Many physicians enter upon this subject with great ardor, and from the best of motives, but for want of candor, and for want of industry in the collection or induction of facts, they leave it as much in the dark as they happen to find it. One man bends his whole strength towards establishing the point, that malaria arises altogether from vegetable decomposition, and denies that there is any animal matter concerned in it. Another is equally urgent for the fact, that there is no marsh poison generated or received without animal putrefaction.

Again, some physicians there are, though not many, at the present day, who have embraced the notion that there is no such thing, strictly speaking, as an *idiopathic* or *primary disease;* and consequently that all diseases are *symptomatic.* There are also those who deny that there is any such thing as a *self-limited disease*, and seem inclined to call in question the use of the term; but so long as they persist in this, or the former, belief, they must inevitably fall into errors of a serious kind. The quack, in order to be consistent, must of course deny that there are any self-limited diseases, because he boasts of the honor of controlling or cutting short all diseases, and that, with simple remedies. But the crime or fault of using a complication of remedies can no more be chargeable, at the present day, upon the well-educated, than upon the quack. It is often remarked that physicians, as they advance in life and grow old in practice, are inclined more and more to simplify their remedies.

VI. It is said that *errors have arisen from attempts to explain the phenomena of the human system by subjects with which the mind is familiar.* So far, however, as we have observed, little danger need be apprehended from this quarter. The professed physician in this country, is seldom a profound mathematician, for instance, and is not at all likely to introduce much of that science into medical inquiries. If anything, we should say, that mathematical knowledge, so far as it has been applied to the subject, has proved a handmaid to medical inquiries. Natural philosophy and chemistry have never failed to contribute their share in the same respect. It may be thought that the use of galvanism in medicine may have led some to believe that the nervous energy and the galvanic are precisely the same. But we are sure that there is nothing wanting in this case, but a little of the above-mentioned excellent quality of candor, in order to give the tremendous battery its proper place, and determine all its just demands.

F.

AN OBSTETRIC CASE—ARM PRESENTATION.

[Communicated for the Boston Medical and Surgical Journal.]

About thirty years since, I was called to the town of Wardsboro', Vt., to a case of incarcerated hernia, where I remained three days before it was reduced, when at last the reduction was effected by the help of a tobacco injection, administered while the patient was in a warm bath. While detained there, for the above purpose, I was called to a woman in the neighborhood, in labor, under the following circumstances. The labor commenced on Monday, when a female accoucheur was called in. On the Thursday night following, a physician of the place was called. On Friday, near noon, I was sent for. I found the patient, who was a very robust woman, with very strong and unremitting uterine contractions, forcing the fœtus very firmly within the pelvis and fixing it there, the scapula presenting and nothing else within the reach of the finger, the arm that presented having been amputated at the shoulder. The emergency seemed to be exceedingly trying. The fœtus could not be moved by any force that prudence would allow to be tried. How could the fœtus be dissected, with no part of it to be got at but the scapula? What, in short, could be done for the woman's relief? Such were the agitating inquiries which, for a few moments, occupied and distressed the mind. But soon, however, I hit upon the following expedient. I requested the attending physician to open a vein in the arm; to make a large orifice; while I would remain in a position ready to take advantage of any favorable circumstance that might enable me to turn the child. The vein was opened as I desired, and the blood flowed from it rapidly. Fainting soon commenced, and with it a relaxation of the contractions. By applying merely a finger under the edge of the scapula, and afterwards between the ribs, and pushing with it in the direction of the child's head, an evolution was accomplished and the breech came down. I got hold of a foot, without difficulty, and the delivery was soon accomplished, to the joy of all concerned. I had been in the house but a single hour, yet nothing was done in a hurry. Such a case demands the calmest deliberation of which one is capable. **John Brooks.**

Bernardston, Ms., May 18, 1846.

REPORT OF THE FRENCH COMMITTEE ON THE PLAGUE.

[The following are the conclusions of the report which has lately been presented by the plague committee to the Paris Academie de Médecine.]

"1. The plague has been seen to arise spontaneously, not only in Egypt, in Syria, and in Turkey, but likewise in a great many other countries of Asia, Africa and Europe.

"2. In every country in which the plague has been observed to arise spontaneously, its development may, with reason, be attributed to determinate causes acting on a great portion of the population. These causes are, particularly, dwelling on alluvial soils, or on marshy lands near the

Mediterranean sea, on near certain rivers, such as the Nile, the Euphrates and the Danube, low, badly-aired houses, a warm and moist air, the action of animal and vegetable matter in putrefaction, unwholesome and insufficient food, and great physical and moral suffering.

"3. All these causes being united every year in Lower Egypt, the plague is endemic in that country, where, almost every year, it is seen under the sporadic form, and every ten years under the epidemic form.

"4. The absence in ancient Egypt of every pestilential epidemic during the long space of time that an enlightened and vigilant administration and a good sanatory police had contended victoriously against the causes productive of the plague, justifies a hope that the employment of the same means would again be productive of the same results.

"5. The state of Syria, of Turkey, of the regency of Tripoli, of that of Tunis, and of the empire of Morocco, being nearly the same at the period when the epidemy of the plague has shown itself spontaneously, nothing authorizes a belief that similar epidemics should not again appear there.

"6. The spontaneous plague appears not to be apprehended for Algeria, because, on the one hand, the Arabs and the Kabyles living, the one under a tent, and the others in places situated either on the summit or on the side of a rock, cannot engender disease; and, on the other hand, because the draining of several tracts of marshy land, and the truly remarkable improvement introduced in the organization of the police in the small number of towns existing, appear to afford a sufficient guarantee against the spontaneous development of the plague.

"7. The progress of civilization, and a general and constant application of laws respecting good health, can alone supply us with the means of preventing the development of spontaneous plague.

"8. When the plague has raged with violence in Africa, in Asia, and in Europe, it has always shown itself with the principal characters of epidemic maladies.

"9. The sporadic plague differs from the epidemic plague, not only on account of the small number of persons attacked by the malady, but particularly because it does not present the character belonging to epidemic maladies.

"10. The plague is propagated in the same manner as most other epidemic maladies—that is to say, by the air, and independently of the influence which persons attacked with the plague may exercise.

"11. The inoculation of the blood drawn from the veins of a person affected with the *plague*, or from the matter of a pestilential bubo, has furnished but equivocal results. The inoculation of the serous matter drawn from the gangrened ulcer of a person suffering under the plague, has never given the plague; it is not, therefore, true that the plague can be transmitted by inoculation.

"12. An attentive and strict examination of the facts contained in scientific works establishes, on the one hand, that in the focus of the epidemic the immediate contact with thousands of pestiferous subjects has remained without danger to those who have suffered it, with free air, or in well-ventilated places, and, on the other hand, that no strict observation demonstrates that the plague can be communicated by contact alone with the diseased.

" 13. Numerous facts prove that the clothes which have been worn by infected persons, when made use of by other persons, have not communicated the disease, although they had not undergone any kind of purification.

" 14. That the conveyance of plague by means of merchandize, in countries where the plague is endemic or epidemic, has been in no way proved.

" 15. That the plague may be conveyed into epidemic places by the vapors which the infected exhale.

" 16. That it is an incontestable fact that the plague may be conveyed out of epidemic localities, be it on board vessels at sea, or in the lazarettos of Europe.

" 17. Nothing proves that the pest is transmissible out of epidemic places by the immediate contact of the infected.

" 18. It is not proved that the plague is transmissible out of epidemic places by clothes which have been used by infected persons.

" 19. It is in nowise proved that merchandize can convey the plague out of epidemic places.

" 20. The distinction made in our lazarettos between susceptible and non-susceptible objects, does not rest upon any fact, or upon any experience deserving of confidence.

" 21. The study of the means by the aid of which it is sought to destroy the pestilential principle supposed to be contained in clothes or merchandize, is, and ever will be, wholly without its object, so long as the presence of the principle is not proved.

" 22. The plague may be transmitted out of epidemic localities by means of miasmatic infection—that is to say, by the air being charged with pestilential vapors.

" 23. That the plague is more or less transmissible, according to the intensity of the epidemic, according as it may be in its first, second or third stage, and, lastly, according to the organic dispositions of the individuals submitted to the action of the pestilential vapors.

" 24. That infected persons, by rendering the air of the localities in which they reside unwholesome, may create a focus of pestilential infection capable of transmitting the disease.

" 25. That such places may retain the infection after the infected persons have been removed.

" 26. That the infection, once established on board a vessel by the presence of one or more infected persons, may be conveyed to great distances.

" 27. That the moving centres of infection cannot become the cause of secondary centres, and, consequently, of an extensive propagation of the malady, except when they encounter, in the countries into which they are transported, the necessary conditions for the development of the plague.

"28. That the usual period of the incubation of the plague is from three to five days; that the length of the incubation appears never to have exceeded eight days."

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 10, 1846.

Medical News.—All classes of people, as a general thing, are on the *qui vive* for something new, and thus it has become interwoven with the compliments of the day, to inquire the news. It is certainly to a great extent so, with the professors of the art medical. A journal is stale reading that does not announce some astounding intelligence; and that is a dull book, however recently from the press, if it has not the elements of excitement in its composition. An ordinary operation in surgery is very unsatisfactory in these days of wonders. Nothing short of something as desperate as lithotomy, terminating no matter how, provided it is terrible—the tying of an artery never before attempted, or excising a tumor larger than ever before detached from a living human body, is sufficiently entertaining to many readers of medical periodicals. A quiet and simple description of the best method of doing a very common piece of professional service, finds no favor with certain eager eyes. Because this love for the marvellous prevails so extensively among the profession, there must necessarily be some very superficial medical and surgical advisers in the community. And till industry in study becomes fasionable with those who are constantly in pursuit of some new thing, the profession must suffer in character from the superficial attainments of many who would have been more at home in some less responsible calling.

Those who conduct medical journals are frequently driven to the wall for materials of proper value. We are wondering sometimes what we shall find next of sufficient interest to keep the pages full. Then again there is a perfect surfeit of manuscripts, of a gratifying length and character, with foreign and domestic news from other sources. But under the best possible state of the medical world, it is one of the difficulties of an editorial life to ascertain what will do and what will not. Exciting topics, brilliant essays, splendid operations, successful treatment of anomalous diseases, and other great doings, cannot, in the nature of things, always be at hand. If it were possible to keep the reader continually in a feverish excitement by the presentation of novelties, it is questionable whether any real or lasting benefit would be realized by it.

We beg our readers to keep in recollection that it is a matter of ambition with us to herald forth, seasonably, whatever comes to us, worthy of attention; and if those who complain of a want of variety, or of new and astounding achievements in the Journal, would favor us occasionally, during the ensuing hot days of summer, with details of their own daily practice, there will be no lack either in variety or importance in our pages. Those who perceive intuitively just what is wanted, might assist, by literary efforts, at convenient times, in giving a permanent relief to ourselves and others at particular seasons of dearth or dulness.

The Animal Kingdom.—Having been furnished with the first volume of Swedenborg's celebrated treatise on the Animal Kingdom, considered anatomically, physically and physiologically, we are prepared to speak of the work as it now stands before the reading world, uninfluenced by the opinions of the author's admirers, or his literary, scientific, or religious opponents. The notice of the second volume, some weeks since, previous to the first, was a matter of necessity, not of choice, as the first could not then be procured. On the whole, we are inclined to the opinion that something was gained by that course, since the text has been traced back with quite as much care, if not more, than is customary in following a bold thinker from his alpha to omega.

Swedenborg has collected together the various facts brought to light by the anatomists of his time, and presents analyses of their labors. But before giving an opinion, he first exhibits the results of the researches of the highest class of minds, of that day, in the particular department which he subjects to the fiery furnace of his own masterly powers of analysis. If others have been less gratified in reading Dr. Wilkinson's beautiful edition of the animal kingdom, translated by himself, than ourselves, it must be that they have not discovered how much and in how many ways Swedenborg actually anticipated some of the modern book manufacturers, who claim distinction on the score of suggestions or discoveries, that are as old as his Latin manuscripts. There is not so much attention given to the philosophical disquisitions of Swedenborg as they merit. Perhaps this is to be imputed to prejudice on account of his theological views, and the doctrines he promulgated respecting a new system of divine revelation.

An opening prologue to the 1st volume of the Animal Kingdom, is a beautiful specimen of refined reasoning, and of itself would be no mean exhibition of intellectual strength. This volume is composed of sixteen chapters, which embrace the anatomy and physiology of the tongue, lips, mouth, palate, salivary glands, pharynx, œsophagus, stomach, intestines, mesentery, lacteals, thoracic duct, lymphatics, glands, liver, gall-bladder, pancreas, spleen, omentum, kidneys, ureters, bladder and peritoneum. To qualify himself to write on the structure and functions of these organs, he studied all the authorities extant, which are quoted in full, and his own opinions and conclusions are annexed, at the close of each discourse. Accompanying the detailed quotations, there are notes and comments in such abundance, that we are positively amazed at the prodigious amount of Swedenborg's chirographical industry, independent of the mental exercise that must have preceded it. There are no such scholars in Europe now. Are there any in the world?

With much pleasure to ourselves, we might pursue the inquiry into the claims of Swedenborg as a discoverer, but it would become tiresome to those who have not yet seen this remarkable book. Without fear of contradiction, we honestly say that Swedenborg, as a physiologist and natural philosopher, is either not known or appreciated by those who have access to his works, or a studied injustice still keeps him from being acknowledged, universally, one of the most extraordinary men that has appeared since the dawn of true science.

Trismus Nascentium—J. Marion Sims, M.D., of Montgomery, Ala., is the author of an article on this subject, that appeared in the American Journal of the Medical Sciences, but is now stitched in a pamphlet, with a title page and two good plates. Since its first appearance, the author says that he has met with several cases of lock-jaw in infants, confirmatory of his views of the pathology and treatment of the disease, which may hereafter be found in the Journal in which the essay was first published. In some sections of South Alabama, the frequency and fatality of trismus nascentium, says Dr. Sims, are almost incredible. He has heard of one gentleman who lost five or six negro children in as many months; and of another, who lost sixteen in less than a year. The gist of the whole is finally compressed into a few sinple directions, which should be made known wherever the existence of the painful malady is recognized. The planter has only to provide a nice, soft pillow of feathers for each infant, and give the mother or nurse directions to keep the child on its side on the pillow, changing sides occasionally, but never allow it for any time to remain on its back. "Follow this simple direction," he says, "and, my word for it, in a few years our knowledge of this disease will be almost wholly confined to its past history."

Magnetic Ointment.—One of the very last impositions under the semblance of medicine, is the *magnetic ointment.* As in the case of other patent drugs, death quails in its presence; nothing in the shape of disease has any sort of chance under its potent sway. It is applied homœopathically—three drops at a time. Rheumatism, tic douloureux, abscesses, burns, and deep-seated affections in the liver or stomach, succumb to this king of unguents. In fine, it beats the zinc rings, out-does Brandreth's pills, and, according to the certificates of Ruggles & Co., is the all-healing balm for the physical disabilities of the natives of the whole earth.

American Journal of Homœopathy.—A new periodical, devoted to the promulgation of homœopathy, and to recording its achievements, has appeared in New York, under the editorial care of Drs. Kirby and Snow. It is not time yet to determine how successful they may be in the enterprise. There is an energy of style and an earnestness discoverable in the leading articles, that should characterize such a publication. It is published every two weeks, at one dollar a year. No. 3 contains a full catalogue of the members of the late national convention of this order of practitioners, held in New York. Edward Bayard, M.D., is to address the institute at the next annual meeting, to be held in Boston, on the second Wednesday in June, 1847—and not in May, as stated in a late No. of the Journal—an error made in a daily paper from which the mistake was copied.

Medical Miscellany.—A young sailor, of 16, at Havre, France, is represented to give electrical shocks, like a torpedo.—The grippe, the precursor of cholera, a kind of jackall to the lion, has appeared at St. Petersburg.—A decree has been published by the Sultan of Turkey, that the dead bodies of female slaves shall be given up for dissection. The first was recently put upon the table at Golata, in presence of a large assembly of Turks—all astonished, of course.—Dr. Lowe is president of the convention now in session in Iowa, to frame a constitution of the proposed new State.—A few drops of the oil of winter green, on ice cream, caused the death of a young man in New Haven.—Mr. Charles Hughes, of Alabama, died recently at the age of 112, in full possession of all his powers.—Dr. Wm. L. Van Horn came home Surgeon of the U. S. ship Yorktown, from Africa, and Dr. L. J. Williams Assistant.—Influenza, the forerunner of the cholera, has appeared at Berlin, in Prussia.—The Journal des Debats advises a relaxation of the quarantine laws, as the only means of retaining any portion of the packet traffic through the Levant.—An epidemic has broken out among the horses of the Lancers, in London.—A case of yellow fever has appeared at Barcelona, said to have been carried there from Cape de Verds.—Dr. Milligan, now residing at Constantinople, who was Lord Byron's physician, is desirous of returning to England on some domestic business, but the Sultan's mother, who is an invalid, is unwilling to part with him, and has written a letter to Queen Victoria about it.—A Mrs. Wright is lecturing in Boston on anatomy and physiology, to ladies.

To Correspondents.—Two articles on Homœopathy are on hand, and will be inserted, one of them probably with some abbreviations.

Married,—At Edgartown, Mass., Dr. J. E. T. Gage to Miss J. Cook.—At Warren, Ohio, Dr. Warren Iddings to Miss L. Webb.

Died,—At Clinton, N. Y., Dr. Sewall Hopkins, 76.—In Westfield, N. J., Dr. Geo. W. Coe, 28.—At Richmond, Virg., Dr. Geo. W. Spaulding—by taking prussic acid—23.—At St. Augustine, Dr. John H. Brush, of New York, 27.—At Dublin, April 2d, George Green, M.D., Queen's Prof. of the Practice of Medicine.—Feb. 2d., at the early age of 26, John Jones Davies, M.D., Lecturer in Mr. Dermott's School of Medicine.—Feb. 12th, Geo. Wm. Lefevre, M.D., late physician to the British Embassy at St. Petersburgh.

Report of Deaths in Boston—for the week ending June 2d, 56.—Males, 38, females, 18. Stillborn, 10. Of consumption, 16—measles, 8—smallpox, 2—typhus fever, 3—lung fever, 5—apoplexy, 1—convulsions, 2—cholera infantum, 1—disease of the heart, 1—teething, 1—debility, 1—tumor, 1—palsy, 1—drowned, 2—inflammation of the lungs, 1—delirium tremens, 2—dropsy on the brain, 1—inflammation of the bowels, 2—infantile, 2—throat distemper, 1—croup, 1—scarlet fever, 1.

Under 5 years, 25—between 5 and 20 years, 3—between 20 and 40 years, 17—between 40 and 60 years, 9—over 60 years, 2.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15 49″. Elevation 483 ft,

May.	Therm.		Barometer.		Wind.	May.	Therm.		Barometer.		Wind.
1	from 56	to 62	from 29.10	to 29.12	S W	17	from 60	to 77	from 29.50	to 29.60	S W
2	56	57	29.07	29.08	N E	18	56	74	29.20	29.38	S W
3	56	72	29.12	29.31	N E	19	37	53	29.32	29.33	N W
4	57	75	29.38	29.40	N E	20	38	64	29.10	29.31	S W
5	49	79	29.30	29.38	S W	21	42	63	29.19	29.46	N W
6	47	57	29.30	29.40	N E	22	37	70	29.58	29.62	S W
7	38	58	29.40	29.46	N E	23	49	58	29.38	29.59	S E
8	45	70	29.44	29.45	N E	24	56	72	29.38	29.40	N E
9	53	57	29.21	29.40	N E	25	54	72	29.36	29.45	N E
10	52	65	28.66	28.90	S E	26	55	80	29.29	29.32	S E
11	43	50	28.61	28.82	N W	27	52	56	29.24	29.32	N E
12	37	57	28.89	29.07	N W	28	51	56	29.19	29.21	N E
13	38	66	29.33	29.38	S E	29	50	55	29.20	29.22	N E
14	58	74	29.46	29.54	S W	30	48	54	29.23	29.33	N E
15	59	70	29.54	29.54	S W	31	49	55	29.35	29.40	N E
16	59	71	29.56	29.59	S W						

This month has been one favorable for the growth of vegetation. A good quantity of rain has fallen, but the earth has not been yet fully saturated, the previous months having been dry. For the last nine days the wind has been N. E. and the season gloomy. May 4th, Apples in blossom; 6th. Flowering Almond in blossom; 8th, Lilac in blossom; 11th, Tulips in blossom; 13th, Tartarean Honeysuckle; 14th, Fleur de Lis—Single Peony; 15th, Calicanthus; 16th, Geranium Maculatum; 17th, Russian Rose—Persian Lilac. Range of the Thermometer, from 37° to 80°. Barometer, from 28.61 to 29.60. Rain, 5.85 inches.

Luxation of the Jaw. By J. L. Levison, Esq., Surgeon, Brighton.—A short time since, a toothless old gentleman, of a highly nervo-bilious temperament, consulted me, to use his own phraseology, "to know what he should do to prevent his jaw coming out of its place:" thus rendering it evident that he was subject to a luxation of the jaw. On further inquiry, I ascertained that he was only affected on the left side; for he said, "Sometimes I wake up with my lower jaw pushed on the right side, where it is fixed, and I am rendered incapable of making myself understood, from a difficulty, under the circumstance, to utter articulate sounds." After a great amount of painful suffering, particularly near the left ear, he continued "to pull his jaw—to press it backwards, when, after about a half hour's work, bang it seemed to go, and all was right again," excepting that the pain in the angle of the jaw would frequently remain for hours afterwards. From his active temperament he was always restless and fidgety, even during the few hours he slept at night, or when taking his afternoon's nap, which were the times that the luxation occurred; usually it was just when in the act of waking, and at other times the annoyance was great from the dread of its recurrence. Having suggested the following simple contrivance, it is some satisfaction to me to mention that it has answered the purpose contemplated.

In my own experience I have invariably found that when a luxation occurs, whether from an excessive fit of gaping—from opening the mouth to have a back tooth extracted—or from the loss of teeth, so that the jaws cannot be properly antagonized (as in my present case); in all such instances there is a tendency to a repetition of the annoyance, but which might be obviated by the plan alluded to above, and which I shall now describe. A flat band, composed of four layers of wash-leather, is accurately measured to the under part of the chin, with a cap to fix on the latter exactly, and so shaped as not to press on the trachea; and then it is neatly bound with ribbon. At one extremity there is a neat, small buckle, not sown on the edge of the band, but on the flat side, the corresponding extremity having a neat doeskin strap, by which it is fastened at the top of the head, after being placed on the chin. This contrivance may be worn with security and ease. But as a preventive against the instrument being forced off during sleep, two pieces of ribbon or strong tape are sown on it at each side, exactly under the ears, and then they are tied behind just under the occipital process.

It appeared to me in this case, with an upper jaw so much absorbed as to be considerably within the arch of the lower, the latter is, in consequence, so very much thrown forward, and the cheeks are so hollow, that such an instrument as that proposed by Mr. Fox, could not be depended on, whilst my own can be worn without any annoyance, and is quite secure.

Nature seems to have furnished a hint for such a contrivance, as may be observed when a severe fit of gaping is experienced after great watchfulness, the hand is placed under the chin with a corresponding force, and an instinctive confidence of its utility, just as if the anatomy and articulation of the jaws had been well understood.—*London Lancet.*

New Medical Works in London.—The Hunterian Oration; with notes. By W. Lawrence, F.R.S.—Scrofula; its Nature, its Prevalence, its Causes, and the Principles of Treatment. By Benjamin Phillips, F.R.S.